

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 985Primary Registration District No. 2099Registrar's No. 499STATE FILE NUMBER 63-040561DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED NOV 6 1963

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
Length of stay in 1b <u>18 months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brookfield Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>PIUS</u> Middle <u>KIEL</u> Last <u>KIEL</u>		4. DATE OF DEATH Month <u>November</u> Day <u>1</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/2/1876</u>
9. AGE (last birthday) <u>87</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>		11. BIRTHPLACE (City and state or country) <u>Neunahr, Germany</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brookfield, Missouri</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & B.R. Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Neunahr, Germany</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Kiel</u>		13b. MOTHER'S MAIDEN NAME <u>Elizbeth Hansen</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		15. SOCIAL SECURITY NO. <u>none</u>	
16. NAME OF HUSBAND OR WIFE <u>Sibilla Kiel</u>		17. INFORMANT <u>Sibilla Kiel Brookfield, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>10 yrs</u> <u>10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Brookfield MO</u>		
21. I attended the deceased from <u>1950</u> to <u>11-1-1963</u> and last saw him alive on <u>Oct 30-1963</u> Death occurred at <u>2:10 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>W.B. Simpson DO</u>	
22b. ADDRESS <u>Brookfield MO</u>		22c. DATE SIGNED <u>11/2/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 4, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Michael Cemetery Brookfield, Missouri</u>	
24. FUNERAL DIRECTOR <u>Lie Funeral Home, Brookfield Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-2-63</u>	
26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>			

(Licensed Embalmer's Statement on Reverse Side)

11-7-1961-1113

NOV 8 1961

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STATEMENT BY LICENSED EMBALMER

10-22

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. J. Lindley

Licensed Embalmer No. 4872

P. O. Address Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.